

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023607

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

146 3026 297
FILED JUN 26 1962VS 300
Rev. 4/59

17005

23068

3

4 0

5 1

6

7 0

8 1

99023

10 6

11700

12 1-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN IndependenceLength of stay in 1b
35 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Independence HospitalInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

JACKSON

c. CITY
OR TOWN KANSAS CITYInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 332 N. Wheeling

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JAMES

M

Schoneman

4. DATE
OF DEATH

Month

Day

Year

June

15

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-19-1896

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steam Fitter

10b. KIND OF BUSINESS OR INDUSTRY

Ralph Parsons Co.

11. BIRTHPLACE (City and state or country)

Phelps, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

OTTO Schoneman

13b. MOTHER'S MAIDEN NAME

MARY Mattison

14. NAME OF HUSBAND OR WIFE

Margaret Schoneman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

James Schoneman Overland Park, Kan.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypertension resulting from

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO

Moraine subclinical hypertension, ruptured

DUE TO

Proliferative moraine retroperitoneal hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fall from Scaffold

20c. TIME OF INJURY.

Hour

Month, Day, Year

a.m.
p.m.

6-15-62

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.)

factory

20f. CITY, TOWN, OR LOCATION

Super Cub Jackson

COUNTY

Jus

STATE

Jus

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Gus Chas. D. [Signature]

22b. ADDRESS

6627 Prairie St. [Signature]

22c. DATE SIGNED

6-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-18-62

23c. NAME OF CEMETERY OR CREMATORY

Mount Olive

23d. LOCATION (City, town, or county)

KANSAS CITY, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sheil Funeral Home 6606 Indop. K.C. Mo.

25. DATE RECD. BY LOCAL REG.

6-18-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

VS JUN 27 1962

FEB 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas A. Shiel

Licensed Embalmer No. 4954

P. O. Address K.P. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.